

WHAT CAN WE EXPECT FROM SUBSTANCE ABUSE TREATMENT?

Expectations about the results of substance abuse treatment are often unrealistically high. Greater knowledge about the nature of addiction and the effectiveness of substance abuse treatment can help temper these expectations and lead to a better understanding of the benefits of treatment.

Expectations for Substance Abuse Treatment Often Clash with Reality

Expectations are high.

Many people, including drug users themselves, have mistaken beliefs about drug addiction and recovery from addiction. Two of the most pervasive myths are that “a person can get off drugs alone” and that “most addicts can become permanently drug-free.” These ideas stem in part from notions that continued drug use is voluntary and that a person’s inability to overcome addiction stems solely from character flaws or a lack of willpower.

Society has differing standards of success for treating chronic conditions or nicotine or alcohol addictions than for treating addiction to injection drugs.

The highly addictive nature of nicotine and the difficulties associated with quitting smoking cigarettes are well understood and accepted. Quitting smoking often requires repeated attempts and the help of therapeutic aids, ranging from nicotine patches and gum to antidepressants, hypnosis, and acupuncture. Only 3-7% of those who try to quit on their own each year succeed. Little stigma is attached to a relapse to smoking. Rather, smokers are urged to try again to quit. The public also has a more evolved understanding of alcoholism as a disease and more realistic expectations about the success of treatment.

The potential for relapse after treatment for alcoholism is generally recognized and accepted. In contrast, societal reactions when a person relapses to injection drug use are usually highly negative.

Similarly, society understands that chronic conditions, such as diabetes or high blood pressure, cannot be “cured,” but only treated and controlled over many years to reduce potentially severe consequences. In contrast, it is widely believed that it should be possible to permanently cure a person of addiction to injection or other drugs. If a “cure” doesn’t happen, then treatment is seen as useless and not deserving of societal investment or support.

Reality does not often meet these expectations.

Numerous studies have shown that it is very hard for injection drug users (IDUs) and others addicted to drugs like cocaine to quit on their own. Research has also shown that relapse to drug use is common and that it is difficult for IDUs and those addicted to other drugs to attain a permanent drug-free state, even after treatment. Many people with addiction problems also have mental health disorders and this makes recovery even more difficult.

Research has provided some explanations for this gap.

A more sophisticated understanding of addiction has emerged in the last two decades and this is helping to clarify the disconnect between expectations and reality:

- Addiction is a brain disease. Long-term drug use causes profound changes in brain structure and function that result in uncontrollable compulsive drug craving, seeking, and use.
- Addiction is a multifaceted disease. It is the quintessential “biobehavioral disorder,” with profound effects on a person’s physical, emotional, and mental health as well as his or her family, colleagues, neighbors, and community.
- Addiction is a treatable chronic disease. The changes in brain function and structure that occur with drug use persist long after drug use is stopped. “Cure” is therefore not necessarily an attainable or appropriate goal. However, substance abuse treatment can successfully address the multiple facets of addiction.

What Are Some Realistic Expectations for Substance Abuse Treatment?

Research has shown that comprehensive and sustained substance abuse treatment:

- can help individuals reduce or stop using illegal or dangerous drugs, thereby greatly improving their functioning in the family, at work, and in society; and
- is as effective as the treatments for other chronic conditions, including diabetes and asthma.

Research has also demonstrated that a variety of effective approaches to substance abuse treatment exist that can help people achieve long-term control. This control allows people to reach important goals, including reduced drug use, reduced criminal activity, gainful employment, and more stable life situations.

Extensive experience has revealed a number of issues that are key to successful substance abuse treatment:

- Treatment should be readily available to individuals who need it.
- Individuals need to be engaged in treatment for an adequate length of time. For example, participation in outpatient or residential programs for less than 90 days is of limited or no effectiveness. Patients should receive a minimum of 12 months of methadone maintenance treatment.
- Treatment for many chronic conditions involves daily decisions about issues such as diet, exercise, or medication. Similarly, “recovery” from drug addiction is a dynamic process that requires a person to decide to “stay sober” one day at a time. Recovery is a long-term effort, often requiring multiple episodes of treatment.
- Addiction often occurs simultaneously with other physical or mental health problems. The treatment plan must take those into consideration.
- Treatment programs work better if they are tailored to the person’s characteristics and needs. No single type of treatment is appropriate for everyone.
- Treatment must be reassessed periodically so it can be adjusted as needed.

Unrealistic vs. realistic expectations: Changing the words we use

FROM	TO
eliminate drug use	→ reduce or stop drug use
recovered	→ in recovery
cured	→ treated and controlled
forever	→ one day at a time
on my own	→ with help
one-shot treatment	→ ongoing process
relapse is unacceptable	→ relapse happens

To Learn More About This Topic

Read the overview fact sheet in this series on drug users and substance abuse treatment – “Substance Abuse Treatment for Injection Drug Users: A Strategy with Many Benefits.” It provides basic information, links to the other fact sheets in this series, and links to other useful information (both print and web).

Visit websites of the Centers for Disease Control and Prevention (www.cdc.gov/idu) and the Academy for Educational Development (www.healthstrategies.org/pubs/publications.htm) for these and related materials:

- *Preventing Blood-borne Infections Among Injection Drug Users: A Comprehensive Approach*, which provides extensive background information on HIV and viral hepatitis infection in IDUs and the legal, social, and policy environment, and describes strategies and principles of a comprehensive approach to addressing these issues.
- *Interventions to Increase IDUs’ Access to Sterile Syringes*, a series of six fact sheets.
- *Drug Use, HIV, and the Criminal Justice System*, a series of eight fact sheets.

Check out these sources of information:

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McLellan AT, Woody GE, Metzger D, et al. Evaluating the effectiveness of addiction treatments: reasonable expectations, appropriate comparisons. *Milbank Quarterly* 1996;74(1):51-85.

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National Institute on Drug Abuse. Principles of drug addiction treatment: a research-based guide. Rockville (MD): NIDA; 1999. NIH Publication No. 99-4180. <http://165.112.78.61/PODAT/PODATindex.html>



Department of Health and Human Services

<http://www.cdc.gov/idu>

Through the Academy for Educational Development (AED), IDU-related technical assistance is available to health departments funded by CDC to conduct HIV prevention and to HIV prevention community planning groups (CPGs). For more information, contact your CDC HIV prevention project officer at 404-639-5230 or AED at (202) 884-8952.